

Premium Remittance Summary

Single Family Mortgage Insurance

U.S. Department of Housing
and Urban Development
Office of Housing
Federal Housing Commissioner

OMB Approval No. 2502-0421 (exp.9/30/98)

Please refer to the instructions on the back of this form.

Public reporting burden for this collection of information is estimated to average 0.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (2502-0421), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600.
Do not send this form to the above address.

1. Mortgagee or Servicer:

Code No.

Name and Address

2. Prepared by

Phone No.

3. Remittance for

(Month)

, 19

4. Remittance Summary.

Premium remittance enclosed is allocated to premium anniversary dates as shown below.

	Month			Year			
a.	0	1	Jan.				\$
b.	0	2	Feb.				\$
c.	0	3	Mar.				\$
d.	0	4	Apr.				\$
e.	0	5	May				\$
f.	0	6	Jun.				\$
g.	0	7	Jul.				\$
h.	0	8	Aug.				\$
i.	0	9	Sep.				\$
j.	1	0	Oct.				\$
k.	1	1	Nov.				\$
l.	1	2	Dec.				\$
m.							\$
n.							\$
o.							\$
p.	Total Premiums Remitted (Sum of a. through o., above)						\$
q.	Plus Late Charge @ 4% (if submitted after the 10th)						\$
r.	Interest Charge included (see instructions)						\$
s.	Total Remittance Enclosed						\$
t.	Number of checks accompanying this form						

HUD Use Only

Date Received

5. Mortgage Activity Summary.

Count of mortgages for which your organization was the holder and servicer or servicer only, during the month being reported.

a. Beginning Balance
(must equal last month's *Ending Balance*)

b. New Mortgages Serviced This Month +

c. Mortgages Transferred In This Month +

d. Mortgages Transferred Out This Month -

e. Mortgages Terminated This Month -

f. Balance of Mortgages on Hand at End
of Month (sum of a through e, above)

g. Total Number of Individual Mortgages
Represented by This Remittance

5. Have you previously submitted other remittance forms for this same accounting period?

☐ No☐ Yes

If "Yes", how many? _____

6. Certifications. (Important - See instructions)

☐

a. I certify that this remittance represents the total of all Single Family premium payments collected from mortgagors during the preceding calendar month plus the total annual premium payments due to HUD during this reporting period for Single Family mortgage insurance under the HUD program. I further certify that the mortgage summary information given on this form is true and correct.

Authorized Signature

Date Signed

X

☐

b. I certify that this remittance represents 1/12th of the total annual premiums for all HUD-insured Single Family mortgages serviced by my organization during the preceding calendar month, plus the total annual premium payments due to HUD during this reporting period for Single Family mortgage insurance under the HUD program. I further certify that the mortgage summary information given on this form is true and correct.

Authorized Signature

Date Signed

X

Instructions

This form shall be completed and sent to HUD monthly by each mortgagee servicing Single Family HUD Mortgages, whether or not any payment is to accompany the form.

Mailing Instructions. This form and payment must be mailed to the address specified in the Supplemental Instructions, Mailing of Remittances. Those instructions provide remittance addresses which correspond to the remitter's ZIP code. Only remittances should be mailed to these addresses; do not include other mortgage action forms.

1. Mortgagee or Servicer Code Number, Name and Address. Enter the servicing mortgagee's 5-digit identification code. The organization's name, street address, city, state and ZIP code must be typed, printed or stamped.

2. Prepared by. Enter the name and telephone number of a person to contact with questions about the form.

3. Remittance for the month of. Enter the calendar month and year in which the MIP payments were collected.

4. Remittance Summary.

Lines **a.** through **l.** These lines are to be used to allocate, by amortization anniversary month and year, all premium amounts being remitted. Enter amounts remitted for all mortgages in your portfolio by the month and year in which the annual premium for these cases are due.

Example: Remittance for month of April 1989.

a.	0	1	Jan.	8	9	\$1000.00
b.	0	2	Feb.	8	9	\$1000.00
c.	0	3	Mar.	8	9	-0-
d.	0	4	Apr.	8	9	\$500.00

The zero premium amount in month 03 indicates one of the following:

The mortgagee services no cases that bear an amortization anniversary month of March; **or**

The mortgagee collected no payments for cases having this anniversary month and March is not the current month.

Lines **m.** through **o.** These lines are used to allocate premium remittances for mortgages whose annual premiums are due in months and years other than those reflected in lines **a.** through **l.** Enter the annual premium anniversary month(s) and year(s) and the amount(s) remitted.

Example:

m.	1	1		8	8	\$600.00
n.	0	4		8	7	\$1500.00
o.						

Line **p.** Enter the sum of lines **a.** through **o.**

Line **q.** If the postmark date of this remittance will be later than the 10th of the month, enter 4% of the amount on line **p.**

Line **r.** Enter the amount of interest charges enclosed for amounts remitted 30 or more calendar days after payment due date. Interest charge at rate established by HUD applied to "Total Premiums Remitted" amount on line **p** for each such 30 day period or fraction thereof.

Line **s.** Enter the sum of lines **p.**, **q.**, and **r.** The amount of the check or checks enclosed with this form must equal the amount on line **s.**

Line **t.** Enter the number of payment checks enclosed with this form. Except under unique circumstances, only one check should be used.

5. Mortgage Activity Summary. This block is a monthly inventory of the portfolio counts of HUD Single Family Mortgages serviced by your organization and the activity for the month. The information must be submitted each month whether or not any monies are remitted.

Lines **a.** to **f.** Counts are for the remittance month only.

Line **g.** Enter the number of uniquely identified mortgages being paid. For example, if two monthly payments are included for a single mortgage, the mortgage is counted only once.

6. If you have previously submitted a Remittance Form for the same month ("Remittance for the Month" in block 2), indicate by checking the "Yes" box. If yes, indicate total number of such forms previously submitted.

7. Certifications. Two certifications are available to the servicing mortgagee. The one chosen indicates the method of remittance selected by the servicer:

remittance of all premiums collected in one month; **or**
remittance of 1/12th of all annual premiums for all cases serviced each month.

Once selected, the servicing mortgagee cannot change the method of remitting monthly premiums without prior approval from the Department of Housing and Urban Development (HUD). Therefore, the certification chosen on the mortgagee's first remittance form must be the one attested to each month by an official. Check the box beside the certification statement selected for signature by an authorized official of the servicing organization. The official should sign and record the date such certification was made.